

FILED JUN 6 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0021084

## CERTIFICATE OF DEATH

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 117VS 300  
Rev. 1/68DO NOT WRITE  
ON THIS STUB9. 0  
10a. 81  
10b.  
11. 0  
12. 1  
13. 4369  
14. 4  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. GROVER THOMAS GANN					Male	3. June 3, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 81	MOS. DAYS	HOURS MIN.	8. July 10, 1886		7a. Livingston
5. CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Chillicothe		7c. Yes		7d. Chillicothe Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
9. Missouri		9. U.S.A.		10. Married		11. Flo Doolin	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 489-50-0020		13a. Retired Postal Clerk		13b. U.S. Mail			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. Missouri		14b. Livingston	14c. Chillicothe		14d. Yes		14e. 720 Vine Street
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Thomas				Gann	16. Amanda Jones		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. Mrs. Arthur Dryden				17b. Rural Route #4; Chillicothe, Missouri 64601			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Pneumonia				3 days.	
DUE TO, OR AS A CONSEQUENCE OF:		(b) CVA with right hemiplegia				2 weeks.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c) arteriosclerosis.					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
		19a. No		19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.	20b.	20c.	20d.				
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.	20f.	20g.					
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	DATE	DATE	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
1. ATTENDED THE DECEASED FROM	2-10-1960 TO	6-3-68	21c. 6-3-68	21d. Did not	21e. 11 AM		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD	MONTH DAY YEAR	HOUR		
22a. Joseph I. GALE, M.D.		22b. 11 A M.	22c. 6	22d. 3	22e. 68	22f. 11 A M.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. Joseph I. GALE, M.D.		23b. Joseph I. Gale M.D.		23c. M.D.	23d. 6-3-68		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP	
23a. 913 Webster St		23b. Chillicothe, Mo		23c. Mo	23d. 64601		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION				
24a. Burial	24b. Mt. Olive Cemetery		24c. Rural Livingston County, Missouri				
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24a. June 5, 1968	24b. Norman Funeral Home; 434 Locust St. Chillicothe, Mo. 64601						
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25a. Thomas D. Galt	25b. Mildred D. Galt		25c. June 4, 1968				

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9-4-68

JUN 4 1968  
8961 G & NHT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas J. Ocker

Licensed Embalmer No. 5294

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Miss. State